TION FOR UNITED STATES PATEN DECLARATION AND POWER OF ATTORNET

As a below named inventor, I hereby declare that:

	My residence, post office address and citizenship are as stated below next to my name; that
	I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first
inint	t inventor (if plural inventors are named below) of the subject matter which is claimed and for which a nat

l verily believe I am the origina				
joint inventor (if plural inventors are n sought on the invention entitled: CA	amed below) of the subject	matter which is claime	d and for wh	ich a patent is
sought on the invention entitled:	MERA CAPABLE OF	COMMUNICATING	WITH O'	THER

joint inventor (if plural inver sought on the invention enti	ntors are named below) of the ded: CAMERA CAPAB	e subject matter which is claimed LE OF COMMUNICATING	and for which a patent is WITH OTHER
COMMUNICATION D			
described and claimed in the			
Check one			
*a. 👸 attached h			
b. 🔲 filed on	as Application No	and amended on (if applic	able).
the claims, as amended by a lacknowledge the defined in Title 37, Code of I Under Title 35, U.S provisional application(s) file	any amendment referred to all duty to disclose to the Office Federal Regulations, §1.56. . Code §119, the priority bene id within one year prior to this	all information known to me to be fits of the following foreign applicat application are hereby claimed:	material to patentability as
)-329231 filed Novem!	
		3-329232 filed Novemb	
Japanese Patent A	pplication No. 11	-323883 filed Novem	ber 15,1999
above-named foreign priority I hereby appoint the prosecute this application as	application(s) and/or United	sar prior to this application, or (b) States provisional application(s): of record with full power of sub- ne Patent Office:	
Jame Kirk I	s A. Oliff, Reg. No. 27,075; \ fl. Hudson, Reg. No. 27,562; /alker, Reg. No. 31,450; Rol	William P. Berridge, Reg. No. 30, Thomas J. Pardini, Reg. No. 30, pert A. Miller, Registration No. 3 Registration No. 33,565.	411;
BERRIDGE, P.L.C., P.L.C.,	IN CONNECTION WITH P.O. BOX 19928, ALEXAND	THIS APPLICATION SHOULD RIA, VIRGINIA 22320, TELEPHO	BE SENT TO OLIFF & NE (703) 836-6400.
made herein of my own known true; and further that these stare punishable by fine or in	wiedge are true and that all s zatements were made with the oprisonment, or both, under,	stand the contents of this Declarat statements made on information as sknowledge that willful false stater Section 1001 of Title 18 of the Ur the application or any patent issue	nd belief are believed to be ments and the like so made nited States Code and that
Typewritten Full Name			
of First or Sole Inventor	Itaru		HOMMA
	Given Name	Middle Initial	Family Name
**Inventor's Signature:	Itavu		HOMMA
**************************************	11.		.000

**Date of Signature: Nov. Month Day Year Residence: JAPAN <u>Setagaya-ku</u> TORYO State or Province Country Japan Citizenship; Post Office Address: C/O Nikon Corporation, Fuji Bldg., 2-3, Marunouchi (Insert complete mailing address, 3-chome, Chiyoda-ku, TOKYO 100-8331 JAPAN including country)

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE [X]

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PAGES OF U.S.A. DECLARATION FORM (Discar page in a sole inventor application)

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1	Typewritten Fu		Chiyuki		KUWATA
	of Second Join	nt Inventor (if апу)	Given Name	Middle Initial	Family Name
2	**Inventor's Signature:		Chiquei Ku	wata	
 3	**Date of Signat		111 - now,	- (999.	
•			Month	Day	Year
	Residence:	Zushi-shi		KANAGAWA	JAPAN
		City		State or Province	Country
	Citizenship:	Japan			
		Post Office Address: (Insert complete	C/O Nikon Cor	poration,Fuji Bld	lg., 2-3, Marunouch
		mailing address, including country)	3-chome, Chiyo	da-ku,TOKYO 100-8	331 JAPAN
1	Typewritten Fu	ull Name			OHMURA
	of Third Joint	inventor (if any)	Akira	Middle Initial	Family Name
		•	Given Name	mura	i carring i scarring
2	"Inventor's Sig				
3	**Date of Signa		NOV. 17.	/ 9 9 9 Day	Year
	D aridonos	Month		•	JAPAN
	Residence:	Kawasaki-sh	<u>i </u>	KANAGAWA State or Province	Country
		City		20808 Of LIGATION	333.127
	Citizenship:	Japan			
		Post Office Address: (Insert complete	C/O Nikon Con	rporation, Fuji Blo	dg.,2-3,Marunouchi
		mailing address, including country)	3-chome, Chi	yoda-ku,TOKYO 100	-8331 JAPAN
1	Typewritten F				
•	of Fourth Join	t Inventor (if any)			
	111		Given Name	Middle Initial	Family Name
2	ੂੰ ਜੀnventor's Sig	nature:			
3	Date of Signa			·	
•			Month	Day	Year
	Residence:				·
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	Residence:	•		·	
		Post Office Address:			
		(Insert complete			
		mailing address.			
		including country)			
1	Typewritten F				•
	of Fifth Joint	inventor (if any)	Given Name	Middle Initial	Family Name
2	**Inventor's Sig	nnah mar			
4	mvertus 5 On	gneta. o.			
3	**Date of Signa	ature:		David Control	Year
			Month	Day	: Cai
	Residence:	Oib.		State or Province	Country
		City	•	GREEN LINAMING	2000
	Citzenship:				
	Post	Office Address: (Insert complete			•
		mailing address,			
		including country)			

including country)

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it portains.